

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	30504
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

3000 GPD

Visit Frequency

:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO system

FINDINGS/COMMENTS:

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	3/4	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	10 GPG
Post-filter	OK	Feed Water TDS	946 ppm
Feed Pump Pressure	20 PSI	Product Water TDS	47 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	0
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check hardness, TDS, chlorine & feed H₂O & RO product
check operation pressure & flow rate level.

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Roselinda Reyes	Theresa K. F.

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DGS	DATE	30204
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency	:Week/Month	Last Microbiology Test Result / Remarks:
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SERVICE REPORT*check on RO system***FINDINGS/COMMENTS:***need to refill flocon for injective tank***INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	4.5 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	10 GPG
Post-filter	OK	Feed Water TDS	973 ppm
Feed Pump Pressure	30 PSI	Product Water TDS	53 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

*Check hardness, TDS & Chlorine of feed H₂O & RO product
check operation pressure & tank & refill flocon on tank*

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de los Reyes	Ricardo R. Rose

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS		DATE	02/27/06
ADDRESS	RAGMAN		CONTRACT REF.	
CONTACT PERSON			TEL. NO.	
Equipment Description: 3000 GPD				
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:		
SERVICE REPORT Check on RO System				
FINDINGS/COMMENTS: no flow on injector tank need to refill				
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)				
Anti-scalant Level	full	UV Light Unit (s)		
Chlorine Level	1.5 mg/L	Ozonator	ok	
Pre-filter	ok	Hardness Reading	12 gpg	
Post-filter	ok	Feed Water TDS	877 ppm	
Feed Pump Pressure	30 psi	Product Water TDS	25 ppm	
Permeate Flow Rate (GPM)	1.5 gpm	Chlorine Reading	0	
Reject Flow Rate (GPM)		Others		
Recommendation (indicate particular work done or parts of system inspected): Check & refill flow on injector tank, check hardness, TDS & chlorine of feed & product water. Check RO operation.				
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date	
		Rod & Los Reyes	[Signature] 02/21/06	

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MAINTENANCE WORK ORDER

CUSTOMER NAME	<i>DYS</i>	DATE	<i>022804</i>
ADDRESS	<i>KAGMAN</i>	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: *3000 GPD*

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT*check on RO system***FINDINGS/COMMENTS:****INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	<i>1/2</i>	UV Light Unit (s)	
Chlorine Level	<i>1.5 mg/l</i>	Ozonator	<i>OK</i>
Pre-filter	<i>OK</i>	Hardness Reading	<i>12 GPG</i>
Post-filter	<i>OK</i>	Feed Water TDS	<i>983 ppm</i>
Feed Pump Pressure	<i>30 PSI</i>	Product Water TDS	<i>80 ppm</i>
Permeate Flow Rate (GPM)	<i>1.5 GPM</i>	Chlorine Reading	<i>0</i>
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

*Check hardness, TDS, Chlorine & feed flow, RO product
check operation pressure & pressure level*

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		<i>Rodolfo Reyes</i>	<i>Mr. VICTOR LAMINGO 2/23/04</i>

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MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	022009
ADDRESS	RAEMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT Check on RO system			
FINDINGS/COMMENTS: no fluoron on injector tank need to refill			
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)			
Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	0. mg/l	Ozonator	ok
Pre-filter	ok	Hardness Reading	15 gpg
Post-filter	ok	Feed Water TDS	871 ppm
Feed Pump Pressure	30 psi	Product Water TDS	90 ppm
Permeate Flow Rate (GPM)	2.0 Gpm	Chlorine Reading	0
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): Check & refill fluoron on injector tank, check hardness. TDS, chlorine & feed flow & RO product. Check operation pressure.			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rodolfo Reyes	mdubart

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MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS		DATE	02/15/06
ADDRESS	KAGMAN		CONTRACT REF.	
CONTACT PERSON			TEL. NO.	
Equipment Description: 3000 GPD				
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:		
SERVICE REPORT Check RO system				
FINDINGS/COMMENTS: NOTE: the high pressure pump was newly replace (02-10-04)				
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)				
Anti-scalant Level	full	UV Light Unit (s)		
Chlorine Level	0.7 mg/l	Ozonator	ok	
Pre-filter	ok	Hardness Reading	860 ppm	
Post-filter	ok	Feed Water TDS	90 ppm	
Feed Pump Pressure	30 psi	Product Water TDS	10 GPG	
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading	0	
Reject Flow Rate (GPM)		Others		
Recommendation (indicate particular work done or parts of system inspected): Check & refill flocc tank, check hardness, TDS & chlorine of feed H ₂ O & RO product, check Product tank level.				
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date	
		Rod de la R	Ricardo Rase	

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MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS		DATE	02-07-09
ADDRESS	KAGMAN		CONTRACT REF.	
CONTACT PERSON			TEL. NO.	
Equipment Description: 3000 GPM				
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:		
SERVICE REPORT Check on RO system				
FINDINGS/COMMENTS:				
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)				
Anti-scalant Level	full	UV Light Unit (s)		
Chlorine Level	1.0 GPM	Ozonator		
Pre-filter	OK	Hardness Reading	15 GPM	
Post-filter	OK	Feed Water TDS	857 ppm	
Feed Pump Pressure	20 PSI	Product Water TDS	31 ppm	
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading		
Reject Flow Rate (GPM)		Others		
Recommendation (indicate particular work done or parts of system inspected): Check hardness, TDS & chlorine & feed H ₂ O & RO product Check operation pressure & flow level				
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date	
		Rod de la Raza	2-07-06	

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	12/09
ADDRESS	KAGHAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

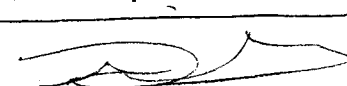
SERVICE REPORT*Check on RO system***FINDINGS/COMMENTS:****INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	3/4	UV Light Unit (s)	
Chlorine Level	0.15 mg/l	Ozonator	ok
Pre-filter	ok	Hardness Reading	14 GPG
Post-filter	ok	Feed Water TDS	967 ppm
Feed Pump Pressure	20 psi / 100 psi	Product Water TDS	24 ppm
Permeate Flow Rate (GPM)	1.8 GPM	Chlorine Reading	0
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

*Check hardness, TDS & chlorine & feed H₂O & RO product
Check operation pressure & flow level*

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de los Reyes	

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MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	12/005
ADDRESS	RAEMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT			
check on RO system			
FINDINGS/COMMENTS:			
need reserve 1 gal of flocon			
INSPECTION & MAINTENANCE CHECKLIST			
(Describe briefly result of inspection and recommendation)			
Anti-scalant Level	fail	UV Light Unit (s)	
Chlorine Level	0.5 mg/l	Ozonator	
Pre-filter	ok	Hardness Reading	
Post-filter	ok	Feed Water TDS	1000 ppm
Feed Pump Pressure	40 psi	Product Water TDS	70 ppm
Permeate Flow Rate (GPM)	1.8 GPM	Chlorine Reading	0
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): put flocon at injection tank, check tps, chlorine & feed flow & pressure, check operation pressure.			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Red de los Rios	Amal